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Many senior citizens experience physical debilitation, loneliness and financial hardship. This study interviewed 200 senior citizens in Orange County (N.C.) to determine if the low use of available services for the aging could be attributed to low knowledge about the services, low willingness to use them or both. The study also examined how senior citizens use the mass media as well as informal sources to stay informed. Based on research results, this study suggests a way to increase senior citizens' awareness about services available to them and increase the number of clients served by the Orange County Department on Aging in the form of a public relations plan. *Keywords:*

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A PUBLIC RELATIONS PLAN FOR THE ORANGE COUNTY DEPARTMENT  
ON AGING

by

Kathryn Lee Ingram

A Thesis submitted to the faculty of The University of  
North Carolina at Chapel Hill in partial fulfillment of  
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KATHRYN LEE INGRAM. A Public Relations Plan for the Orange County Department on Aging (Under the direction of Dulcie Murdock Straughan.)

Many senior citizens experience physical debilitation, loneliness and financial hardship. Some complain that being isolated and helpless creates a despair that eliminates the joy that should accompany retired life. The Department on Aging provides many services and programs to meet the needs of senior citizens and to help enrich their lives, which in the past have been used by only a few. This study interviewed 200 senior citizens in Orange County (N.C.) to determine if the low use of available services for the aging could be attributed to low knowledge about the services, low willingness to use them or both. The study also examined how senior citizens use the mass media as well as informal sources to stay informed. Based on research results, this study suggests a way to increase senior citizens' awareness about services available to them and increase the number of clients served by the Orange County Department on Aging in the form of a public relations plan.

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## CHAPTER I

### INTRODUCTION

The senior citizen population (60 and older) of the United States is growing more rapidly than any other age group. In 1980 senior citizens accounted for only 11.2 percent of the population; nearly one out of every four Americans will be 60 or older by the year 2030. The senior citizen populations for North Carolina and for Orange County are also growing more rapidly than for other age groups. In fact, the senior citizen population of Orange County is growing at a rate three times as great as that of the U.S. senior citizen population overall.

One-third of older people in Orange County are widowed and many of those individuals live alone. Not a few are lonely and in failing health. They feel useless and in the way. Most say that health problems and debilitating diseases make them feel there is nothing to look forward to. Many complain that being helpless and dependent on family members lowers their self-esteem.

The Orange County Department on Aging provides many services and programs to enrich the lives of senior citizens. Transportation, free minor home repairs, various educational and crafts classes, trips, tours and outings are available. Daily phone calls can be made to isolated elderly people. Information and referral regarding Medicare, Social Security, income tax preparation, legal, financial medical and many other aging-related issues is available daily, by phone or in person.

While you might expect there would be a great demand for the comprehensive services provided by the Department on Aging, relatively few of the county's elderly ever use them.

DOA's director has attributed the low use of the department's services to a lack of knowledge about the Department on Aging. Also, it has been assumed that there is a low willingness to use the services due to a negative image associated with aging or a stigma associated with using the services.

Are the senior citizens of Orange County uninformed about the Department on Aging? How do they get their information, from the mass media or through the grapevine? Are the senior citizens informed but just unwilling to use the services provided by the Department on Aging?

This study attempts to shed light on the situation. Chapter I will provide a brief history of the Older



Americans Act, which provided the initial funding for aging services. Chapter II will assess the Orange County Department on Aging. Chapter III will review relevant literature on the subject of communicating with the elderly. Chapter IV will describe the research method used in this study to obtain specific information about the senior citizens of Orange County. Chapter V will discuss the results of that research. Chapter VI will provide conclusions about what implications the results of this study's research and previous research have for the Department on Aging's future communications activities. And Chapter VII will provide recommendations to the department in the form of a public relations plan.

#### Legislation of the Older Americans Act

Government assistance programs for today's senior citizens, which come under the auspices of the Older Americans Act, have evolved during the past four decades. The first definitive action to provide special services for older Americans can be traced to the presidency of Harry S. Truman. In response to the growing population of citizens aged 60 and older, Truman convened the first National White House Conference on Aging in 1950.

In 1956, President Dwight D. Eisenhower established the Federal Council on Aging, which called for a Federal-State Conference on Aging to be held in Washington D.C.

later that year. From the state records of their various groups on aging, each representative provided to the federal government comments regarding the problems of senior citizens and recommendations on how to address those problems.

As a result of the recommendations and findings of the 1961 White House Conference on Aging, President John F. Kennedy sent "A Special Message on Aiding Our Senior Citizens" to Congress in 1963. Kennedy backed the legislation, first introduced as a bill to establish an Older Americans Act, which was signed into law on July 14, 1965, by President Lyndon B. Johnson.

The Older Americans Act: Provided funds to be allotted to the states to assist them in strengthening, extending and coordinating state activities in aging and to help them make grants to local governmental agencies and non-profit voluntary organizations (Title III); authorized financial support through grants and contracts to public and private non-profit agencies, voluntary organizations and institutions for research and demonstration projects (Title IV); and training (Title V).

#### History of the Orange County Department on Aging

After several months of organizational activity by concerned citizens, spearheaded by the Inter-Church Council of Chapel Hill, application was made in 1970 by the Town of

Chapel Hill to the North Carolina Governor's Coordinating Council on Aging for a three-year project grant to organize a local council on aging. Under Title III of the Older Americans Act, funds were approved by the state to support that project.

Local matching funds were pledged by the Town of Chapel Hill and the Inter-Church Council. The mayor recommended and the board of aldermen approved the appointment of seven members to an Advisory Council on Aging. A project director was named and in October 1970, the Chapel Hill Council on Aging began operation.

#### The Council on Aging is Established

The upcoming White House Conference on Aging created an ideal media opportunity for introducing the Council on Aging to the Chapel Hill community, and in November, a pre-White House Conference was held in Binkley Baptist Church. More than 100 senior citizens were surveyed at that meeting regarding the needs and interests of older people.

The initial goals of the council were to create a file of senior citizens, consolidate information regarding existing community programs and services for senior citizens, devise a budgeting system and obtain clerical support for the director.

Four senior citizen volunteers (two with doctorates, two with master's degrees) quickly came forward to form the director's office staff for the first two years.

Starting with an annual budget of \$9,315, the council began operation with an office in the Inter-Church Council and soon moved to a larger office in the Parish House of the Chapel of the Cross in 1971. The council's objectives were:

1. to coordinate more effectively existing activities and services for the aging;
2. to sensitize the community to the needs, concerns and the interests of older community residents;
3. to function as a catalyst, guide and source of information for older people with special problems and interests;
4. to assist older people in developing plans by which their own interests, responses and needs were creatively related to the community; and
5. to develop direct services that would sustain and enrich the lives of older people in the community.

The council's initial goals provided a foundation for the various programs that were formed to meet the specific needs of older people: a telephone reassurance program was organized to make daily phone calls to check on the wellbeing of frail senior citizens living alone; a one-page newsletter that provided senior citizens with information

about activities, legislation and programs of concern to them, was first published in July 1971; and a Retired Senior Volunteer Program (RSVP), placing retired individuals in rewarding part-time jobs, was developed.

Soon after, other programs followed: transportation service for older people to medical and other appointments was initiated; a series of lectures and discussions was offered on various health and social issues of interest to senior citizens; counseling and home visits were provided to those in need; a support group was formed for those individuals providing at-home care for the fragile elderly; and volunteer tax aides were trained by the IRS to assist senior citizens fill out their tax forms.

Perhaps the most important program initiated in those early days was the Information and Referral Service (IFR). Since it began, IFR has consistently served more individual clients than the other services combined (Baker 1989). More than anything else, it seems senior citizens always need information about relevant issues, such as policy changes in MEDICARE, as well as referral to a variety of other health and welfare agencies, educational and other community organizations available to them.

In the spring of 1971 the council was expanded to include Carrboro, and student interns from local universities began working with the council on a variety of short-term projects and work studies.

### County Government Intervenes

Two years later (1973), federal changes in the distribution method of Older Americans Act Title III funds stipulated that those funds be released to participating organizations and agencies only through county governments (Triangle J Council of Governments for Chapel Hill). To ensure continuation of federal support, the Orange County Council on Aging, Inc., was incorporated as a non-profit corporation in the fall of 1973, to provide county-wide services to older residents.

The Orange County Council on Aging began functioning in September 1973 with the county commissioner as chairman of the board of directors. Negotiations were undertaken in the next months to merge the Chapel Hill Council on Aging with the new county organization. The merger was completed the following spring and the board of aldermen pledged the town's financial support under a formal contract monitored by the Department of Human Services.

The expanded Orange County Council on Aging in 1977 hired the current Executive Director, Jerry Passmore. To support the rapidly increasing programs, funding from Chapel Hill, Carrboro, Hillsborough, Orange County, and local church and civic groups was added to the federal dollars. The Hillsborough office, in operation since 1973, expanded in 1980 to include a Senior Center and funds were

allocated for a multipurpose center for senior citizens in Chapel Hill.

#### The Orange County Department on Aging is Organized

To further merge town and county services and secure continuity of funding and services to the elderly, the board of directors of the Orange County Council on Aging in 1980 requested that Orange County establish a Department on Aging with a senior citizens' advisory board. Consequently, in September of that year, by resolution, the county commissioners created a Department on Aging within county government.

On October 1, 1980, the new department took over all existing programs and services of the Orange County Council on Aging. All council employees became county workers, assigned to the department. The following week the council was formally dissolved and its assets were transferred to the Orange County Department on Aging.

The next chapter will assess the Orange County Department on Aging today, its mission, its staff, and its budget, focusing on its public relations and marketing activities.

## CHAPTER II

### ASSESSMENT OF THE ORANGE COUNTY DEPARTMENT ON AGING

#### The Orange County Department on Aging Today

The Orange County Department on Aging (DOA) today is a department of the county government, run by an appointed director who reports to the county manager, who in turn reports to the county commissioners. The stated purpose of DOA is: "To promote and improve the quality of life for all older persons (regardless of race, sex, social, financial or ethnic origin) utilizing the assistance of public and private organizations."

DOA's stated mission is: "To plan, advocate and coordinate community services and opportunities to all older persons by focusing on the provision of vital access services." Those services are:

1. INFORMATION AND REFERRAL - Helping older adults find specialized information about community services and opportunities.



2. CARE MANAGEMENT - Helping older adults (especially the moderately to severely impaired) understand, organize and actually receive the multiple services they need over time.

3. TRANSPORTATION - Helping older adults get to the essential community services they need.

4. SENIOR CENTERS - Establishing and operating community focal points, senior citizen centers, where older adults can receive many of the individual and group activities they need from community agencies. Telephone reassurance and minor home repairs ("Chore Handi-Helpers") also are services provided by the Senior Centers.

5. RETIRED SENIOR VOLUNTEER PROGRAM - Providing recruitment, placement, support and recognition of meaningful service opportunities in a wide variety of non-profit organizations.

6. SENIOR TAR HEEL DISCOUNT CARD PROGRAM - Increasing the purchasing power of older people, by providing discounts at restaurants, theaters and many other establishments across the state. Obtaining a Tar Heel card also introduces senior citizens to the Department on Aging and the community services available to them, and enters their names and addresses into the DOA database.

7. OUTREACH/NEIGHBORHOOD ADVISORY PROGRAM - Seeking out the uninformed, unserved and underserved older

residents with multiple needs, and accessing community services on their behalf.

DOA Director Jerry Passmore has a staff of nine full-time (paid) workers: six specialists, who act as program supervisors; and three clerical workers. There are 20 part-time (paid) workers who act as senior center aides, make telephone reassurance calls, and drive DOA buses. Fifty volunteers provide clerical and computer support to the department, and are tax and insurance advisors to the department's clients.

The department's operating budget for fiscal year 1989 is \$476,690, half of which is obtained from federal funds (Older Americans Act Title III funds), originating at the Health and Human Services Department and allocated to the (federal) Administration on Aging, then to the North Carolina Division of Aging, then to the Triangle J Council of Governments, then to Orange County and finally to the Department on Aging. The other half of the operating budget is funded by matching local (city/town) and county dollars (primarily from tax revenue).

Of the \$476,690 budget, \$33,398 (7 percent) is allocated for the Information and Referral program. It is only in this area that activities even remotely related to public relations are conducted. A portion of the budget is allocated to the assembly, printing and mailing of a bi-

monthly newsletter, which is sent to approximately 5,000 of the Orange County's 11,000 senior citizens.

The newsletter is the only funded public relations activity at present. Funds for other public relations, advertising or marketing activities are severely limited.

#### Situation Analysis

PROBLEM: While the Orange County Department on Aging makes available many services to senior citizens, the number of individuals using those services is substantially below that which the department could serve. For example, of the approximate 11,000 elderly individuals who were eligible for services in 1988, only 37 requested telephone reassurance and only 63 individuals took advantage of free home repairs. To date, fewer than half (5,000) of the county's senior citizens have obtained their Senior Tar Heel Discount Cards. Thus, fewer than half receive the DOA newsletter.

As a result, DOA cannot deliver services to its maximum capacity; many older residents in the community remain in need of services even though the services are available; and government funding of the department is not used to its greatest benefit.

ASSUMPTIONS: Director Jerry Passmore assumes this underutilization of DOA's services is due partially to a lack of knowledge about the Department on Aging and its

services. The other reason Passmore thinks DOA does not serve a larger segment of the eligible population is what he assumes to be a rather complicated, negative image. He thinks many older people do not want to admit they're "old," so they disassociate themselves from services or benefits for senior citizens; they think the services are associated primarily with poor people; and that the department itself is associated with some sort of welfare program, because of the building's physical co-location with other human services.

Passmore estimated that while only 12 percent of the county's population is black, they comprised approximately one-third of the Department on Aging's client load. Because DOA does not log its clients by demographics, it is impossible to make concrete conclusions about who actually uses most of the department's services.

PUBLIC RELATIONS EFFORTS TO DATE: Little advertising or publicity has ever been used by the DOA to familiarize county residents with its existence or services. The Senior Tar Heel Discount Card has been the linking mechanism in the past. When senior citizens obtain their Senior Tar Heel cards from the Department on Aging, they are given an orientation about the department and its services, and a brochure that outlines the services and provides appropriate phone numbers. The senior citizens are then included in DOA's database and receive the department's

newsletter. Unless senior citizens know about the Tar Heel Cards, they will not obtain them, they will not be provided orientations about the Department on Aging and its services, and they will not receive DOA newsletters.

Information and Referral Specialist Louise Baker, who also doubles as the communications manager, said her attempts to keep a comprehensive press clips file had not been successful; clips have been passed to other members of the DOA staff, loaned to other agencies, mailed to individuals (without making copies first), and subsequently never returned to the file.

Based on memory, Baker said the media's perception of the department was generally positive, and over the years the media had grown to rely on the department as "experts," to corroborate, clarify or explain aging-related issues being researched.

Baker added that years ago she could not interest the media in stories relating to senior citizens, but recently the subject seems to have become more newsworthy. Press releases about schedules, workshops and other events are usually used, there is good coverage of the annual Orange County Senior Games (television usually airs at least one of the events) as well as of the annual RSVP Awards Luncheon.

Baker said that she could not recall ever seeing local print or broadcast coverage relating to the Older Americans

Act, the department, its operations and services, or its history. Baker said she thinks that word-of-mouth and coincidence have been the most common ways senior citizens learn about the Department on Aging and what services are available to older people.

As mentioned earlier, the Outreach Program, also called the Neighborhood Advisory Program, was established to reach senior citizens through informal channels: to visit churches and civic groups, especially in rural areas, to acquaint the intervening publics with the mission and services of the Department on Aging.

While this program has great merit in theory, in reality it has not accomplished what it should have. It seems the staff is not trained or monitored and there is no evaluation of their operation. Status reports about the program provide vague and non-quantified data: "The program is going well" and "It is our feeling that the program is working." Should the program be given more specific, measurable goals, perhaps it could be a valuable part of the public relations/marketing activities of the department.

Baker said DOA information brochures and (form) letters of introduction have been sent periodically to physicians with whom the department staff is familiar (those dealing with geriatrics, etc.), as well as some ministers. There has not been any follow-up, so it has not

been possible to determine if the literature was ever read.

Two annual fairs inform the public and other human service agencies about the Department on Aging services. Each fall the department has a display and booth at "Community Information Day," which is held at Chapel Hill's University Mall. Along with other government and private agencies, DOA is able to inform passers-by of their mission and services.

Also in the fall is a Resource Fair, sponsored by the Association of Community Agencies. At what Baker considers its best public relations activity, DOA and other county human service agencies, such as the Department of Parks and Recreation, Inter-Faith Council and the Arts Center, spend a day learning, sharing resources and networking.

Baker said the department has an active speaker's bureau. DOA spokespeople have addressed seven groups during the first quarter of this year. Those groups included pre-retirement UNC-CH faculty and N.C. Memorial Hospital (pre-retirement) staff.

Communicating with one's public is the most important, and frequently the most difficult, task facing organizations. In the next chapter we will see what research has been done by communications scholars in the field of communicating with the elderly.

## Chapter III

### COMMUNICATING WITH THE ELDERLY

Communication scholars argue that communicating with the elderly requires special considerations not necessary for the rest of the population. This chapter will address those considerations.

As stated earlier, just making services available to senior citizens does not ensure they are used by those who need them. Older people must be made aware of what services are available to them. Furthermore, they must be provided with relevant information in an effective format through an appropriate information channel.

#### Channels of Information

Marketing researcher Elaine Sherman (1987) has found that television and newspapers are the primary sources of information for the elderly.

A study conducted at the University of Florida (Klippel and Sweeney 1974) found that a correlation exists



between certain personality traits of senior citizens and their information sources. Using Rotter's Internal/External Locus of Control, researchers found that those individuals over age 60 who feel in control of their lives (Internals) are more likely to use formal information sources, such as newspaper, television and radio, than informal information sources, such as friends, neighbors, family and sales/service representatives (word-of-mouth).

Those individuals who feel they are not in control of their lives (Externals) are more likely to rely on informal sources more frequently and place greater credibility on them than Internals do. Also, as one's physical condition deteriorates, his/her likelihood of using informal sources of information (becoming an External) increases.

In his 1980 study of media use by the elderly, Durand suggested the best way to reach senior citizens with a message is to use a combination of magazine and television advertising. Durand found that nearly 20 percent of the respondents in his study read the Sunday Supplement to their local newspaper and an equal number read Reader's Digest regularly. Durand found that his participants most frequently watched mystery/drama television shows (15 percent of the senior population) and situation comedies (14 percent).

### Television Use by Senior Citizens

Research has shown that television is by far the most commonly used medium by all Americans. Many studies that have been conducted regarding television use by the elderly indicate that older people use television for companionship as well as for information and entertainment.

In their study of the objective and subjective uses of time by 525 older people in metropolitan Philadelphia, gerontologists Lawton and Moss (1987) found that watching television was how senior citizens spent the greatest portion of their waking hours, nearly 60 minutes longer than the next activity. The study revealed that watching television (206 minutes per day) was second only to sleeping (454 minutes per day) among the senior citizens they studied. The third most time-consuming activity was relaxing (147 minutes per day).

The study also found that the strongest determinant of how time was spent was health. As physical competence decreased, television viewing increased. And, unlike most other activities studied, the more time was spent watching television, the greater was the reported satisfaction (the opposite was true for most other activities). Education level determined the amount of time spent reading, according to study results.

The function of television in the lives of older people was the focus of a 1985 study by gerontologists at the University of Southern California (Davis and Westbrook 1985). Responses were gathered from 274 senior citizens concerning their television viewing, the function of television in their lives, the influence of advertisements on their purchases, programming objections and whether older people were depicted accurately in drama, comedy and commercials. Sixty-seven percent of the participants said they spent between one and five hours per day watching television and 21 percent said they watched more than five hours of television per day (1985: 210).

More than half of the respondents (59 percent) said the companionship function of TV was moderate, while 17 percent said television had a strong companionship function in their lives. Television was rated as satisfactory entertainment by 49 percent of the participants and 22 percent rated television as an excellent form of entertainment. Nineteen percent of those studied said television advertisements influenced their purchasing.

When asked whether they thought older people were depicted accurately on television, 59 percent said elderly roles in drama shows were realistic; 47 percent said older people were depicted accurately in comedies; and 40 percent said they thought older people were portrayed realistically in commercials.

Senior citizens were heavy television viewers, the study found, with women more so than men. Researchers also said much of what was viewed by senior citizens was accepted by them without judgment.

#### Technical Considerations in Designing Communications for the Elderly

Aging brings about sensory losses, most importantly hearing and vision, which affect communication with senior citizens. Communications studies (Portnoy 1981; DuPont 1982; Cole 1986; Sherman 1987; Dychtwald 1986; and Durand 1980) show us that preparing messages without taking into account these physiological changes will ensure a failure in message reception.

Natural impairment of vision brought about by aging includes a loss of elasticity in the eye lens, which reduces one's ability to see details at a distance. And, yellowing of the eye lens causes an inability to distinguish some colors. Impairment of hearing includes loss of high-frequency hearing (the elderly can best hear lower pitches), a requirement for increased volume and distraction from unfamiliar sounds (Portnoy 1981).

Higgins (1986) noted that many of today's marketing specialists are not taking into account older people's deteriorating vision in the production of their ads, and are using typefaces and colors that are indecipherable by

those for whom the message is intended. Sherman stressed the use of blues and greens and avoidance of brown tones. Dychtwald found that print ads that target senior citizens require a large typeface (at least 12-point), simple language and clear print.

Messages to senior citizens must be prepared taking into account the sensory losses that occur with aging and understanding how information is processed by senior citizens as well.

Catherine Cole (1986), who studied deficits in information processing in the elderly, says that people have fewer "slots" in which information can be stored as they age. Because the elderly experience a modest decline in short-term memory, large amounts of information can present particular problems for them. They also take longer to process information than they once did, so it should be given to them in small bits, with pauses in between.

Cole found that the ability to recall in elderly people is markedly less than in younger people, and that the order of information presentation affects their recall. Also, recall is improved if the elderly are provided visual aids. The tendency to remember what was seen most recently (recency effects) is common among older people. Cole noted that the elderly consistently remember less information than younger people, regardless of whether it's provided in television or print format.

### Marketing to the Elderly

To reach and serve senior citizens effectively, an agency must watch trends; positioning of 10-15 years ago is no longer valid. Sullivan (1988) stated that today's older citizens are different from those of yesterday, and that organizations trying to sell products or provide services to them must ask themselves the following questions: what needs to be done to our current public relations plan to attract today's senior citizens? How can their needs be assessed (focus groups, surveys, research agencies)? What type of communication is necessary? What are the goals of our target audience? Do we have a staff (personalities) who can effectively deal with people 60 and older? What information about senior citizens do we need to fill in our information gaps? What type of training does our staff need? What are the needs of the elderly and how can our services help them?

Marketing researcher Thomas DuPont (1982) advised communicators to keep language simple for effective advertisements to the elderly. Pictures should be clear and bright because the elderly usually have failing eyesight. Advertisers also should use action, as motion attracts attention. Keep the word count low and speak clearly, as some sounds are difficult for the elderly to hear. Relate new information to something familiar.

DuPont's final recommendation was to present the elderly as useful, competent and coping in advertisements, using active, actors/actresses in ads. Sherman (1987) added that senior citizens tend to visualize themselves as 5-15 years younger than they are, so younger models should be used in ads.

Gerontologist Ken Dychtwald (1986) advised service organizations to pay attention to today's youthful senior citizen when planning marketing strategies. Prevention, rehabilitation and wellness should be stressed rather than incapacitation.

Unlike younger consumers, senior citizens are generally not innovative in their use of unfamiliar products or services; they will use them only when specific benefits are demonstrated (Sherman 1987).

### The Target Audience

As in other types of public relations, advertising and marketing, the target audience is not necessarily limited to the final intended consumer or user, but also to those who might be intervening on their part.

Today in the United States, there are more middle-aged adults caring for their aged parents than ever before. (Schewe 1985). It is those "caregivers" who need to be the target of much marketing for the elderly, as they will

frequently be the ones purchasing for the elderly or arranging for the use of services by the older person.

During and after a parent's use of a particular product or service, follow-up phone calls and questionnaires should be used to obtain feedback from the caregiver about what was provided.

Presentations to business and professional groups should be included in an organization's efforts to reach the elderly. Almost all participants have friends or family members who are senior citizens (Higgins 1986).

#### Using TV Public Service Announcements for the Elderly

Public service announcements (PSA's) aired by local television stations may be useful to human service agencies, such as the Department on Aging, as a mechanism to reach potential clients during periods of low service demand. Thomas McAbee (1982) of the University of South Carolina studied the effect of videotaped PSA's, aired by a local television station over a six-week period, for three aging service agencies.

While previous studies of the effectiveness of PSA use for mass media campaigns (Freimuth and Van Neval, 1981; Friedrich, 1977; and Schanie and Sundel, 1978) did not establish that PSA's alone were an effective linking mechanism, McAbee's study differed. The results of his analysis indicated that for all three agencies the PSA's



were effective for increasing the number of telephone inquiries received from non-clients. At one of the agencies the number of clients increased 400 percent after the PSA's were broadcast (1982: 728).

This chapter has reviewed the research others have conducted in the area of communicating with the elderly. Much can be learned by studying the research of others and incorporating it into new studies, plans and projects. There are, however, projects which require specialized research, when it is not possible to generalize the findings from one study, which are true for one group of people in a particular location, to another group of people in another location.

In order to develop a useful public relations plan for the Orange County Department on Aging, it must be determined if the senior citizens of Orange County reflect the general population of people over 60. What are the demographics of Orange County's older people? How can we reach them? How do they use the mass media? What are their channels of information? What are their needs, and what services are they apt to use if provided?

The next chapter will discuss the method used in this study to obtain answers to these questions.

## CHAPTER IV

### METHOD

#### The Survey

As initial research for the production of a public relations plan for the Orange County Department on Aging, a telephone survey (Appendix A) was designed to obtain specific information about the county's senior citizens. The goal of this survey was to assess the service needs of the elderly in this area, determine their channels of information, define their perception of the DOA, and obtain relevant demographic data about this segment of the population. A telephone survey with 39 questions was developed, which consisted of seven parts:

Part I: The first nine questions pertained to media use; respondents were asked what television and radio stations they watched (listened to) most frequently and at what times of day. They were asked what newspapers they read and how frequently; and how they kept up with

community events (informal or formal channels of information).

Part II: Questions 10-12 were designed to determine if respondents knew about federal legislation regarding older Americans and the existence/location of their local Department on Aging office.

Part III: The next 15 questions pertained to the respondents' familiarity with the specific Department on Aging (DOA) services available to the county's senior citizens, and their willingness to use those services. (An assumption was made here that their lack of willingness to use the services might be associated with a negative stereotype about the services or a negative image of the Department on Aging.)

Part IV: Questions 28 and 29 were designed to obtain specific information about the image of the department and its services. Respondents were asked to describe who (what type of people) they thought used most of the DOA's services.

Part V: Question 30 asked respondents to identify what they considered to be the three top needs of older people in general.

Part VI: The next two questions were open-ended (no answers were provided from which to choose) and asked respondents their opinions about the best and worst aspects of growing older.

Part VII: The final seven questions addressed standard demographic information.

#### The Sample

The population from which the study sample was drawn was everyone 60 years of age or older listed with the Orange County Tax Collector. An assumption was made that while some bias existed (not all citizens' names would be included), it would be no more biased a sample than using a telephone directory.

The tax log contained the names and addresses of approximately 8,500 senior citizens in Orange County. A sample of 500 was drawn from the tax log, using systematic interval sampling. The goal was to obtain 200 completed surveys, which would yield data with a margin of error of plus or minus seven percentage points (an acceptable level for this study). Phone numbers were obtained for the 500 names selected in the sample from various county telephone books and from directory assistance.

#### Administration of the Survey

A total of nine interviewers were trained to conduct the survey of Orange County senior citizens (two individuals were Department on Aging staff members, and the rest were RSVP volunteers). Special emphasis was placed on having the interviewers assure respondents that the survey

was legitimate and formal research for a master's thesis, affiliated with both the University of North Carolina at Chapel Hill and the Orange County Department on Aging, that is was relevant to the quality of life for all senior citizens, and absolutely confidential.

Interviewers were given numbered, controlled "call sheets" with 20 phone numbers at a time. They were asked to record the outcome of each call (survey completed, declined participation, wrong/non-working number, no answer, busy, or call back later) to ensure repeat calls were not made to specific individuals unless appropriate.

Two-hundred surveys were completed during a 10-day period in March 1989. Telephone calls were made between the hours of 9 a.m. and 9 p.m. Most interviewers experienced an average of 50 percent survey completion per call sheet; another 20 percent declined to participate in the survey.

#### Analysis of the Data

Data were entered into a standard word processing program, as 62 columns of 200 lines. Using SAS Basic, version 5 (1985) program data were analyzed and frequencies for all variables were obtained for the entire sample (Appendix B) as well as for a subset identified as the target audience (Appendix C). Crosstabulations were run for some key variables for the entire sample and for the target

audience. Results of the survey and crosstabulations will be discussed in the next chapter.

## CHAPTER V

### RESULTS OF THE SURVEY

#### Demographics

Two-hundred senior citizens were interviewed county-wide. Approximately 56 percent of the respondents were from Chapel Hill and Carrboro Townships, 18 percent from Hillsborough, 8 percent from Bingham Township, 6 percent from Cedar Grove Township, 5 percent from Cheeks Township (including Efland and Mebane), 4 percent from Eno Township (includes a small portion of Durham) and 3 percent from Little River Township.

#### Frequencies

Approximately 70 percent of the senior citizens who participated in the telephone survey were female. More than 41 percent of the respondents were between 60 and 69 years old, 42 percent were between 70 and 79, and 14 percent were 80 years and older. Three percent of the respondents would not provide their ages.

Slightly more than 12 percent of the respondents were black, 87 percent were white and less than 1 percent were Asian.

Forty-three percent of those interviewed reported annual household incomes of less than \$20,000 per year, 27 percent had incomes between \$20,000 and \$40,000 per year, 18 percent had incomes of more than \$40,000 per year and 12 percent of the respondents did not provide answers.

Thirty-seven percent of the respondents said they lived alone, 59 percent lived with others and four percent did not provide an answer. Fifty-six percent of those interviewed were married, 30 percent were widows/widowers, 12 percent were single or divorced and two percent declined comment.

This sample reflects similar demographic data to that gathered in the national 1980 census.

#### Media Use

Nearly 98 percent of the respondents said they watched television. These findings are in agreement with the Lawton/Moss study (1987) discussed in Chapter III which discussed television use by senior citizens. The largest percentage of respondents (32 percent) said they watched WTVD (ABC), channel 11 most frequently; 29 percent said they watched WRAL (CBS), channel 5 most frequently; and 18



percent said they watched WUNC (PBS), channel 4 most frequently.

Most respondents (72 percent) said they watched television between 6 p.m. to 9 p.m. Thirty-nine percent of those interviewed said they watched television between 9 p.m. and 11 p.m., and 28 percent said they watched TV between noon and 3 p.m.

Nearly 76 percent of those interviewed said they listened to the radio. Of those who said they listened to the radio, 17 percent said they listened to WUNC most frequently; 16 percent said they listened to WDCG and 14 percent said they listened to WDNC.

Approximately 28 percent of the respondents said they listened to the radio between 5 a.m. and 9 a.m., while 22 percent said they listened between 9 a.m. and noon and 21 percent said they listened to the radio between noon and 3 p.m.

More than 83 percent of those interviewed said they read a newspaper every day; fewer than one percent said they read a newspaper between five and seven days per week; three percent said they read a newspaper between one and four days per week; two percent said they read a Sunday newspaper only, one percent said they didn't know how often they read a paper and 10 percent said they did not read newspapers.

The most popular newspaper, the Durham Morning Herald, was named by 64 percent of the respondents as their primary newspaper; 15 said percent they read the (Raleigh) News & Observer; and 11 percent named the Chapel Hill Newspaper as their main paper.

#### Channels of Information

Fifty-five percent of those interviewed said they relied primarily on the mass media (newspaper, television and radio) to stay informed about community issues, 32 percent said friends or family usually kept them informed and 10 percent said they used "other" sources of information (churches, clubs and other organizations).

#### Knowledge of Federal Legislation

More than 69 percent of the respondents said they had never heard of the Older Americans Act; 11 percent had heard of it, while 20 percent were not sure. But, nearly 75 percent of the respondents knew that Orange County had Department on Aging offices in Chapel Hill, Hillsborough and Carrboro. Twenty-three percent did not know about local DOA offices and two percent were unsure.

#### Knowledge of DOA Services and Willingness to Use Them

Approximately 57 percent of those interviewed had heard of the services provided to senior citizens by the Department on Aging and the rest of the respondents had

either not heard of the services or were unsure if they had heard of them. Three-fourths of the respondents said they might use one or more of the services if a need arose, while the remaining 25 percent said they would never use the services provided, or were unsure that they would ever use the services.

Seventy-two percent of those interviewed had heard of the Senior Tar Heel Discount Card, while 25 percent had not and 3 percent were unsure. Nearly 57 percent of the respondents said they had already received a Tar Heel card; another 6 percent said they wanted to get cards; 10 percent said they might want to get cards; and 27 percent said they did not want cards or they did not know if they wanted cards.

#### Image of the Orange County Department on Aging

Respondents were asked to identify who they thought used the services provided by the Department on Aging and answers were not prompted by the interviewer. Nearly one-third of the respondents said they thought poor people used the services and 26 percent they did not know. Nearly 19 percent of the respondents said they thought "others" (which included: the very old, minorities, lonely people, lazy people and people who did not need them) used most of the services. Approximately 18 percent of those interviewed said they thought people without families used the services

and 7 percent said they thought sick people used most of the services provided by the Department on Aging.

#### Service Needs Assessment

Transportation, health and medical services, and companionship were cited most frequently as the top needs of older people. Also named were money, employment, responsibility, housing and meals.

#### Worst and Best Aspects of Growing Older

When asked what they considered the worst aspects (respondents could name as many as they wanted) about growing older, 21 percent said being dependent on others; 20 percent said health problems; 17 percent said debilitating diseases; 13 percent said having to slow down; 10 percent said loneliness; 5 percent each said having financial problems and facing death; 4 percent said mental deterioration, while another 4 percent said there was nothing bad about growing old; 2 percent each named: deteriorating (physical) looks; not working; feeling as if they were in the way; and not having a family.

When asked what they considered the best aspects (respondents could name as many as they wanted) about growing older, the most frequent answer, 13 percent, said they could think of nothing good about getting older. Twelve percent said not having to go to work was the best

thing about growing older and 10 percent each said having a lot of free time and becoming more wise. Nine percent each said their memories and experiences, and the joy to be alive. Eight percent said having no responsibilities was the best aspect of growing older.

Approximately 7 percent of the respondents each said their friends and families, or being able to do exactly as they wanted to, while 5 percent said having good health and the money to enjoy life. Four percent each said being able to cope better and not worrying about what others thought were the best aspects of growing older. Nearly 3 percent said grandchildren were the best aspects of growing older and 2 percent each said having great knowledge and people being nice to them. One percent each said spiritual growth (getting closer to the Lord), living alone, not having kids around, senior's discounts, living alone, finding new interests, and gaining the respect of others were the best aspects about growing older.

#### Target Audience Subset

Based on the data obtained in the survey, it was determined that there was a wide variation in both the awareness level or knowledge of Department on Aging services among the senior citizens interviewed, as well as their attitude or willingness to use those services.

Knowledge about DOA services was determined by responses to questions 13, 15, 17, 19, 21 and 23 (see Appendix B). Each of those questions described a specific DOA service, then asked respondents, "Did you know this service was available to you?"

Willingness to use DOA services was determined by responses to questions 14, 16, 18, 20, 22 and 24 (see Appendix B). Each of these questions asked respondents, "Would you ever use the DOA service described in the previous question?"

It seemed logical at this point to focus future public relations efforts toward informing that subset of the senior citizen population having low knowledge about the DOA services available to them, but having high willingness to use them.

To find this subset of the population, responses to knowledge questions were collapsed into a new variable, called "Knowledge," and "yes" responses were given a value of 1, while "no" and "don't know" responses were given values of 2. All responses were divided into two groupings: High Knowledge represented by #1 (yes) responses and Low Knowledge represented by #2 (no/don't know) responses to the knowledge questions.

Responses to willingness questions were collapsed into a new variable, coded "Willingness." "Yes" responses were given a value of one, while "no" responses were given

values of two. "Don't know" responses were given a value of 1.5. All values were sorted in ascending order, and divided at the median into two groups: High Willingness represented by 1 - 1.49 (yes) responses, Low Willingness represented by 1.50 - 2 (no) responses.

The groups were then merged and a new group having Low Knowledge and High Willingness in common was created. This group, referred to as the target subset, was identified as the target audience for the Department on Aging's future public relations efforts. Because only 23 percent of the sample fell into this subset, adequate numbers of observations for each variable could not be obtained. While the limited number of target observations might make it impossible to generalize about the entire elderly population, frequencies were run for the target audience to observe trends.

#### Frequencies of the Target Audience

Frequencies were run for the target audience and a comparison was made with those of the entire sample. Table 1, located at the back of this chapter, compares demographic variables for the two groups. The target audience did contain a younger group of respondents than the sample as a whole: 60 percent of target respondents were aged 69 or younger while this segment of the total sample comprised only 41 percent.

The target audience contained a larger percentage of married respondents than the sample as a whole (73 percent versus 56 percent), and a greater number of subset respondents reported being in the lower income brackets than in the sample (54 percent versus 43 percent).

A study of media use by the target audience revealed no measurable differences between them and the entire population; they showed identical patterns of television and radio use: heaviest TV viewing times were 6 - 9 p.m. and 9 - 11 p.m.; TV station preferences were WTVD, WRAL and WUNC; heaviest radio listening times were 5 - 9 a.m. and 9 a.m. to noon; and radio station preferences were WUNC, WCHL and WDNC.

Respondents from both the sample and audience selected the Durham Herald as their most frequently read paper (59 percent and 64 percent respectively); 83-84 percent of both groups said they read a newspaper every day; and 10-11 percent of each group said they did not ever read a newspaper.

When asked how they found out about what was happening in their community, only 41 percent of the target audience said they used the mass media (formal sources), while 55 percent of the sample used this channel of information; 58 percent of the target group said they used friends, family, the church or other groups (informal sources) to obtain information, while only 42 percent of the whole sample used



non-media sources. The target respondents were slightly less informed as a group than the sample as a whole, about the Older Americans Act. They expressed equal familiarity with the existence of the Department on Aging, but less knowledge about the location of DOA offices.

By design, the target audience's knowledge of specific Department on Aging services available to senior citizens was significantly lower than that of the sample as a whole. Likewise, their willingness to use those specific services was significantly higher.

Only 57 percent of the subset had heard of the Senior Tar Heel Discount Card, while 73 percent of the sample had. A greater number (58 percent versus 50 percent) of the entire sample than the subset had received their cards; and while 34 percent of subset respondents said they wanted to obtain their Tar Heel cards, only 6 percent of the entire sample wanted to.

When comparing the responses to the "image" question (survey question #28), equal numbers (7-8 percent) said they thought the department's services were used mostly by the sick. While 30 percent of the entire population said they thought only the poor used DOA services, only 19 percent of the subset selected this response. The largest number of subset respondents (33 percent) said they thought the services were used by those without families (only 19 percent of the entire sample had selected this response).

And, 26 percent of sample's respondents said they did not know who used the services, while only 17 percent of the subset said they did not know.

When asked what they considered to be the three top needs of older people, subset respondents rated transportation first (70 percent), social activities second (16 percent) and companionship third (5 percent); the sample as a whole had also named transportation first (52 percent), but health services second (20 percent) and social activities third (12 percent).

There was no significant difference between the responses of subset and sample respondents regarding the best and worst aspects of growing older.

#### Crosstabulations

Crosstabulations were run on both the sample and the target audience to determine if there was a relationship between the respondents' channels of information (formal versus informal) and their income. Prior studies (Carolina Poll 1988) found that the higher the income, the greater the use of formal channels (mass media) and the lower the income, the greater use of informal channels (word-of-mouth).

Crosstabulations were also run to determine if there was a relationship between the respondents' race and/or income and the existence of a negative stereotype (stigma)

about those who use the Department on Aging's services. Because of the relatively high use of DOA services by black senior citizens, DOA Director Jerry Passmore said that he thought there was less stigma associated with the use of DOA services among them than among the white senior citizen population.

For simplicity's sake, the six income categories were collapsed into three new categories: Low Income = less than \$10,000 per year; Medium Income = \$10,000 - \$40,000 per year; and High Income = over \$40,000 per year.

Because there was only one Asian respondent in the entire sample this group was not included in the tables where race was a variable.

#### Results of the Crosstabulations

Information Channels were crosstabulated with income. Results for the crosstabulation of sample variables, found at the end of this chapter (Table 2), shows a statistically significant relationship ( $p = 0.000$ ) between a respondent's channel of information and his/her income: a majority (60 percent) of the low income respondents said they relied primarily on friends and family (informal sources) to find out what was going on in their communities. More than half (55.8 percent) of the medium income respondents said they relied on television, radio and newspapers (formal

sources); as did an overwhelming 80 percent of the high income respondents.

Use of informal sources to find out what was going on in the community declined consistently as income rose: 60 percent of low income, 31.4 percent of medium income and 6.7 percent of high income respondents reported using informal sources.

Use of "other" information sources, which included churches, civic groups and other organizations, increased with income: 10 percent of low income, 10.5 percent of medium income and 13.3 percent of high income reported using other information sources to find out what was going on in the community.

Crosstabs were also run to look at the relationship between stigma and race, controlling for income. Income was categorized by High, Medium and Low. The limited number of observations available in this crosstabulation prevented definite conclusions for most analyses. Therefore, tables for such will not be included and the following discussion is for observation of trends only.

This crosstabulation did not show a statistically significant relationship between a respondent's race and his or her likelihood to associate a negative stereotype with those who use the services. More white respondents (31.6 percent) said that poor people use most of the DOA

services. Only 9.1 percent of black respondents gave this response.

Also, black respondents were more likely to name the sick people as DOA service-users, while none of the white respondents gave this answer.

More than half the black respondents (54.5 percent) and more than one-third of the White respondents (36.9 percent) said they did not know who used most of the services provided by the Department on Aging.

Data from the crosstabulation of stigma and race, controlling for medium income also provided too limited observations to make definite conclusions possible. There did appear to be a trend for more white respondents than black, to say the poor people (36 percent), others (21.3 percent) and people with no family (18.7 percent) use most of the DOA services. White respondents were less likely to say they did not know who used DOA services (14.7 percent) or to name the sick people (9.3 percent) as services-users.

Equal percentages of black respondents (25 percent each) named people with no family, poor people, or said they did not know who DOA service-users were. Only 12.5 percent said they thought sick people used most of the services and the same number said they did not know.

High income respondent data for this crosstabulation was limited to white respondents. The response pattern previously discussed for medium income white respondents,

held true for high income respondents, with a majority (37.9 percent) of respondents naming poor people as using most of DOA's services.

The same crosstabulations that were run on the entire sample were also run on the target audience, but because the very limited number of observations in this group, any attempt to draw conclusions was impossible.

We have discussed in this chapter what was learned about the elderly population of Orange County from the survey of 200 senior citizens. The next chapter will draw conclusions about what implications this data has for communicating with the senior citizens of this county, and provide recommendations on how the Orange County Department on Aging can combine this information with its resources to improve and expand its public relations and marketing activities.

Table 1: . DEMOGRAPHIC COMPARISON OF  
SAMPLE AND TARGET AUDIENCES

<u>VARIABLE</u>	<u>SAMPLE</u>	<u>TARGET AUDIENCE</u>
Gender:		
male	30.3%	32 %
female	69.7%	68 %
Race:		
black	12.1%	13 %
white	87.3%	87 %
asian	.6%	---
Marital Status:		
married	56.4%	73 %
divorced	4.8%	3 %
widowed	30.3%	22 %
single	6.7%	3 %
Income:		
0- \$10,000	18.2%	22 %
\$10-20,000	24.8%	32 %
\$20-30,000	15.2%	3 %
\$30-40,000	12.1%	16 %
\$40-50,000	9.1%	14 %
\$50,000+	9.1%	5 %
Living Arrangements:		
live alone	37 %	25 %
live with others	58.8%	75 %

Table 2: CHANNEL OF INFORMATION BY INCOME

<u>CHANNEL</u>	<u>INCOME</u>		
	LOW INCOME	MEDIUM INCOME	HIGH INCOME
	less than \$10,000	\$10,000 to \$40,000	more than \$40,000
	n= 41	n= 118	n= 41
FORMAL (Mass Media: TV, radio, newspapers)	20 %	55.8%	80 %
INFORMAL (Grapevine: friends & family)	60	31.4	6.7
OTHER (churches, civic groups, organizations)	10	10.5	13.3
NO RESPONSE	10	2.3	---
TOTALS	100 %	100 %	100 %
	$X^2 = 28.94$	$df = 6$	$p = 0.000$



## CHAPTER VI

### CONCLUSIONS

#### The County's Senior Citizen Population

Nearly 11,000 people 60 years and older currently live in Orange County. By 1990, that number is expected to increase by 77 percent. These statistics take on added significance when one considers that the senior citizen population will increase by only 43 percent across the state as a whole, and by only 27 percent across the nation as a whole during the same time period.

One of the reasons for the increase in the area's elderly population is simply part of the more widespread trend of retirement-age people migrating to the Sunbelt. Another reason may be that Orange County has received a lot of publicity during the past few years as an ideal place to retire. Chapel Hill was ranked number one in the 160-page Consumer Guide publication, "Best Rated Retirement Cities and Towns" (Ford 1987), and highlighted as one of six

excellent places to retire in an article in Money magazine (Eisenberg 1988).

Regardless of the reasons for the expected increase in the number of senior citizens to Orange County, the fact remains that this segment of the population is growing more rapidly than any other. Whatever problems senior citizens face as a group will be the problems of a considerable segment of our population in not too many tomorrows.

#### Senior Citizens' Needs and Enjoyments

As discussed earlier, results of the survey indicated that senior citizens see their most important needs as transportation, health and medical services and social activities or companionship.

The majority of senior citizens surveyed said the worst things about growing older are being dependent on others, having health problems or debilitating diseases and having to slow down. Nearly one-fifth of the senior citizens surveyed said they could think of "nothing" good about growing older.

Nearly half of the senior citizens said they liked not having to go to work, having a lot of free time, and enjoying the wisdom, memories and experiences their lives have brought them.

### Mass Media Use

Fifty-five percent of the sample respondents and 41 percent of target respondents said they use the mass media (TV, newspaper and radio) to find out what is going on in their communities.

As noted earlier, this study's survey found that 98 percent of the senior citizen population watches television; most of these people watch TV in the evening, although one-fourth watch between noon and 3 p.m. The majority of senior citizens watch the three local network affiliates.

The survey also found that more than eight in 10 senior citizens read a newspaper daily: two-thirds read the Durham Herald; less than one-quarter read the (Raleigh) News & Observer; and one out of 10 read the Chapel Hill Newspaper.

The survey found that more than 75 percent of senior citizens listen to radio. Nearly half of those who listen to the radio said they listened to WUNC (mainly classical and National Public Radio (NPR) news), WCHL (adult contemporary) or W. C. (Big Band/nostalgia).

### Use of Informal Information Sources

Forty-two percent of sample respondents and 58 percent of target audience respondents said they use sources other than the mass media (friends, family, church, civic groups

and other organizations) to find out what is going on in their communities. The Department on Aging can reach these intervening publics by focusing on effective community relations as well as media relations.

As this study's literature review noted, research has shown that more reliance is placed on informal information sources as one's physical condition deteriorates. Since the Department on Aging tends to serve a greater number of people in this category, communicating with its publics through informal channels (community relations) takes on even greater significance. It means also that the inclusion of these intervening publics --- those individuals or groups that stand between an organization and its primary publics --- are essential to a successful public relations campaign. These include one's friends, family, physician, minister and others with whom he or she comes in frequent contact.

#### Summary of Conclusions

In summary, the following findings should shape the Orange County Department on Aging's public relations activities:

- \* Elderly people use television, newspapers and radio (in that order) as their primary information sources. Informal sources of information are nearly as important.

- \* Knowledge among senior citizens of the Orange County Department on Aging and its services is fair.

- \* In the past, obtaining a Senior Tar Heel card has been the entree for most senior citizens to DOA services.

- \* Most elderly people dislike being helpless or dependent on their families.

- \* Willingness to use DOA services is moderate.

- \* Misconceptions exist about for whom the Department on Aging services are provided.

#### The Orange County Department on Aging

The mission of the Orange County Department on Aging is to provide services that will help enrich the quality of life for the county's senior citizens. Keeping both senior citizens and the rest of the population informed of their services is the challenge facing the department today and in the future.

An effective public relations program, one which incorporates publicity, advertising and community relations, is the best way for the Orange County Department on Aging to keep all citizens informed of its services, and to meet to needs of the county's senior citizens.

Older Americans Act (Title III) funds will continue to provide nearly half the budget for the Department on Aging. The distribution of that budget is not expected to change significantly in response to increased public relations

activities. Most of these activities will, by necessity, have to rely on publicity and other non-paid forms of advertising.

The next chapter will recommend to the Orange County Department on Aging a public relations plan to keep all citizens informed of its services and to meet the needs of the county's elderly.

## CHAPTER VII

### PUBLIC RELATIONS PLAN

Public Relations is the management function which evaluates public attitudes, identifies the policies and procedures of an individual or an organization with the public interest, and plans and executes a program of action to earn public understanding and acceptance (Cutlip, Center and Broom 1985).

Although public relations has evolved through the ages, only in the past century has it been recognized as a legitimate and often crucial part of an organization's successful operation. Regardless of the nature of the organization, the essentials of public relations are the same: to inform, to persuade and to educate its public, and to be informed by its public.

The Orange County Department on Aging has one mission: to provide services that will help to enrich the lives of senior citizens. To accomplish its mission, the Department on Aging must INFORM the people of Orange County that DOA exists to serve the needs of all senior citizens, to EDUCATE the county's citizens about the various programs

and services that are available to meet the needs of all senior citizens and that there is no stigma associated with using the department's programs and services. Finally, the Department on Aging must PERSUADE the senior citizens of Orange County to take advantage of the programs and services that are provided for their benefit.

#### Public Relations Problem

As mentioned in Chapter II of this study, the Orange County Department on Aging's public relations problem is that the number of elderly individuals using the services DOA makes available to all senior citizens is substantially below that which the department could serve. As a result, many elderly residents remain in need of services that are available for their use and government funding of the Department on Aging are not used to its greatest benefit.

Information obtained in this study's survey tended to validate DOA Director Jerry Passmore's assumption that there is only moderate knowledge among the senior citizen population about the Department on Aging and its services. The study also found some evidence that a stigma is associated with using those services.

#### Public Relations Objectives

(1) To increase awareness about the Orange County Department on Aging and its services during the next year



using mass media, community relations and promotional strategies.

(2) To increase by 10 percent the number of new (DOA) clients during the next year.

(3) To implement a (new) Senior Tar Heel Discount Card campaign within the next six months.

(4) To provide an additional 1,800 senior citizens with Tar Heel cards during the next year.

#### Mass Media Strategy

(1) PUBLIC SERVICE ANNOUNCEMENTS (PSAs) - Most television stations provide (free) publicity to government and other non-profit organizations. Television is the number one information source for senior citizens. Because the DOA is a government agency, and because advertising funds are extremely limited, PSAs will be the most important prong of the mass media strategy of this public relations plan. While competition for prime time PSAs is great and may not be available for DOA's announcements, non-prime time audiences are still sizable. PSAs promoting the Senior Tar Heel card campaign should be submitted in appropriate 10-second and 30-second format to WTVD, WRAL and WUNC television stations. A secondary goal will be to also provide PSAs to WUNC, WCHL and WDNC radio stations to be aired 5 a.m. and 3 p.m. PSAs can be produced by the

UNC-CH Radio and Television Management and Production  
Department.

LONG RANGE PSA OBJECTIVES: While the above mentioned goals are considered most important in this public relations plan, it is also recommended that TV and radio PSAs promoting specific DOA services (such as transportation) be considered long-term objectives for the Department on Aging.

(2) NEWSPAPER FEATURES - As mentioned earlier, most senior citizens in this county read a newspaper every day, with the wide majority reading the Durham Morning Herald. Other senior citizens read the (Raleigh) News & Observer and the Chapel Hill Newspaper. Next to TV, newspapers provide the most information to senior citizens. Based on reporters' calls to the DOA, newspaper editors seem interested in the concerns and issues of senior citizens. Based on the consistent newspaper coverage of the annual Senior Games, feature editors would likely be receptive to providing continuing coverage of a (new) Senior Tar Heel Card campaign. Arranging such coverage in the Durham Morning Herald (first priority), the News & Observer and the Chapel Hill Newspaper will be primary goals of the media strategy. A secondary goal will be to have features printed about the histories of both the Older Americans Act of 1965 and Department on Aging.

LONG RANGE NEWSPAPER OBJECTIVES: It is also recommended that DOA attempt to arrange for the publication of a series of feature articles, possibly in the Sunday paper, about the specific DOA services available to senior citizens.

(3) TALK SHOWS - Studies have shown that elderly people are interested in public affairs TV and radio programs. A primary goal will be to have the Senior Tar Heel Card campaign spokesperson appear on such programs to explain the campaign, the benefits of the Tar Heel Card and provide basic information about the services provided by the Department on Aging.

LONG RANGE TALK SHOW OBJECTIVES: DOA should consider arranging regular participation in a talk show devoted to the concerns of senior citizens.

#### Community Relations Strategy

Nearly one-half of elderly people obtain information about what is happening in their communities from informal channels -- sources other than the mass media. These sources include family members, friends, physicians, ministers, clubs and other organizations. It is assumed that these people, the intervening publics, do obtain some of their information from media sources and that they pass that information, word-of-mouth, on to the elderly.

It is important, however, not to assume that this passing of information is effective or sufficient enough to

keep the elderly informed of all they need to know. Based on the low number of individuals using DOA's services, it can be assumed that many of the county's senior citizens do not know that services are available to them. The best way to provide information to the elderly, as well as to their intervening publics, is through outreach programs, which provide information one-on-one to the target audience or the intervening public. Another effective way to provide information is by addressing organizations or groups who are in some way involved with the target audience.

(1) NEIGHBORHOOD ADVISORY PROGRAM - the Department on Aging initiated this six-month pilot project in December 1988. Its mission is to seek out the unserved and underserved elderly in the community who are in need of multiple DOA services. A three-person team, made up of one DOA staff member and two RSVP volunteers, is supposed to visit the ministers and community leaders (especially in rural areas), obtain the names of elderly individuals who may need DOA services and provide house calls to those individuals. As mentioned in Chapter II, there is little evidence that the program is accomplishing its objectives.

A primary goal of the community relations strategy is to revise the Neighborhood Advisory Program. Quantifiable goals must be stated and the staff's progress must be monitored. In addition to rural ministers, the outreach team should visit physicians who treat the elderly. These

individuals should be provided supplies of DOA brochures to pass to the elderly with whom they come in contact, as well as the names and phone numbers of all DOA program managers. Also, DOA clients should be asked to refer to the department. any of their of their friends and relatives who might also need services. As with all public relations programs, all clients and members of the intervening publics should be asked to provide to DOA appraisals of the service they have received, as well as recommendations.

(2) SPEAKER'S BUREAU - The DOA speaker's bureau is already very active. The only recommendation this study would make would be to address elementary schools as well as professional organizations. Most children have grandparents and they could provide a different perspective on the needs of the elderly.

#### Promotional Strategy

As mentioned throughout this study, the Senior Tar Heel Discount Card has been the linking mechanism between the county's elderly population and the Orange County Department on Aging. When a senior citizen comes to the DOA to obtain a Tar Heel Card, he or she is given a brief orientation about the department and provided a brochure that outlines the services available to all senior citizens, phone numbers and addresses for the three county offices. In addition, the names and addresses of new card

holders are added to DOA's database and those individuals then receive DOA's bi-monthly newsletters. The newsletters contain important information about aging-related legislation and other issues that are relevant to the elderly, as well as DOA activity schedules.

The main objective, the focal point of the public relations plan is to provide as many senior citizens as possible with Tar Heel Cards. The more individuals who have cards, the greater the number of individuals with knowledge about the DOA and the greater the number of DOA newsletter recipients.

A Senior Tar Heel Discount Card Campaign should be implemented to raise the general awareness of the card and increase the number of new card holders. Elements of the campaign include:

- \* Selection of a campaign spokesperson. This study recommends Shirley Marshall, immediate past chair and currently a county commissioner. Marshall is a warm, attractive, well-known, well-liked (she is serving her third term with the commission) senior citizen. Since a majority of senior citizens are female, the selection of a female campaign spokesperson makes good sense. Also, selection of a local celebrity will create a positive image of DOA service users.

\* Selection of a campaign theme. This study recommends using, "The Department on Aging Helps you to Help Yourself."

\* Television and radio publicity of the campaign kick-off and regular PSAs.

\* Arrangement of participation in the Tar Heel program by as many merchants as possible.

\* Publication of newspaper advertisements, financed by participating merchants, which describe the campaign, the benefits of the Tar Heel Card and list the participating merchants.

\* Appointment of a campaign manager; recommend DOA arrange for a public relations graduate student to plan, coordinate and implement all aspects of the campaign as part of a work-study program.

<u>Budget</u>	<u>Item</u>	<u>Estimated Cost</u>	<u>Responsibility</u>
	TV PSAs	-0-	RTVMP
	Radio PSAs	-0-	RTVMP
	Newspaper Features	-0-	DOA
	Newspaper Ads	\$1,957*	Local Merchants
	TV Talk Shows	-0-	DOA
	Radio Talk Shows	-0-	DOA
	<u>Campaign Manager</u>	<u>-0-</u>	<u>DOA</u>
	TOTAL	\$1,957	

The advertising estimate of \$1,957 is based on having a four-by-four-inch Senior Tar Heel Card advertisement run in the Durham Morning Herald once a month for six months.

A "Timeline" outlining the public relations sequence of events for this program can be found at the end of this chapter (Table 3).

#### Recommendations to the Department on Aging

(1) Revise procedure for maintaining Press Clips File: update file as articles are published; hold all original clips in file, making copies for individuals requesting them; maintain a log of articles which will include date, newspaper name, headline, and tone of coverage (positive/negative).

(2) Initiate method of tracking clients demographically. This will provide a valuable evaluation of who is using DOA's services, as well as indicate whether the Public Relations Plan has been effective.

(3) Log number of inquiries to the DOA after Senior Tar Heel campaign has been started.

(4) Start client suggestion box or evaluation system.

(5) Create quantifiable goals for OUTREACH Program and require monthly reports with measurable results.

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### Summary

The public relations plan recommended in this chapter, which incorporates mass media, community relations and promotional strategies, will inform and educate the people of Orange County about the Department on Aging and persuade the elderly to use the DOA services and programs which are available to them.

The recommendations discussed involve little cost to the department. Newspaper advertising will be financed by area merchants. Television/radio PSAs, newspaper feature articles and radio/television talk show appearances will be free. The staff of the Neighborhood Advisory Program has already been hired. A university student intern can manage the Senior Tar Heel Card campaign in exchange for journalism/business course credits.

If severe budget constraints should limit DOA public relations activities, this study recommends placing priority on Community Relations programs, which are designed to most effectively reach the target audience through informal information channels.

Implementing the recommended public relations plan will assist DOA in providing services to help enrich the lives of the elderly and government funding of the department will be used to its greatest benefit.

Table 3: TIMELINE

	(1989-90)	MAY	JUN	JUL	AUG	SEP	OCT
<u>PSAs:</u>							
TV			X	X	X	X	X
Radio			X	X	X	X	X
<u>NEWSPAPER:</u>							
Features		X		X		X	
Advertisements				X	X	X	
<u>TALK SHOWS:</u>							
TV				X	X	X	X
Radio				X	X	X	X
<u>OUTREACH</u>		X	X	X	X	X	X
<u>SPEECHES</u>		X	X	X	X	X	X

\*\*\*\*\*

	NOV	DEC	JAN	FEB	MAR	APR
<u>PSAs:</u>						
TV	X	X	X	X	X	X
Radio	X	X	X	X	X	X
<u>NEWSPAPER:</u>						
Features	X		X		X	
Advertisements						
<u>TALK SHOWS:</u>						
TV	X		X		X	
Radio		X		X		X
<u>OUTREACH</u>	X	X	X	X	X	X
<u>SPEECHES</u>	X	X	X	X	X	X

APPENDIX A: TELEPHONE SURVEY

INTERVIEWER: \_\_\_\_\_  
RESPONDENT ID# \_\_\_\_\_ TOWNSHIP CODE \_\_\_\_\_  
PHONE NUMBER \_\_\_\_\_

Have I reached (GIVE PHONE #) ? My name is \_\_\_\_\_,  
and I'm calling from the UNC Graduate School. I am working  
on a project with the Orange County Department on Aging to  
improve the quality of life for senior citizens. Your  
household was selected at random by our computer to take  
part in a short survey of people 60 and older. Are you at  
least 60 years old? (IF NOT, ASK TO SPEAK WITH THE SENIOR  
CITIZEN LIVING IN THE HOUSE). I am hoping you will take the  
time to tell us how you feel about various services  
available to older people. What you think is very important  
to us and might help other senior citizens. Can you spare  
about five minutes? (IF NOT, can we call you back at a more  
convenient time?)

- 1 \_\_\_\_\_ yes (date \_\_\_\_\_ time \_\_\_\_\_)  
2 \_\_\_\_\_ no

Thank you. Before I begin I want you to be assured that  
your name will not be associated with your answers. Only  
your answers will be used and they will always remain  
confidential. The first questions I'm going to ask you are  
about how you use the media.

Q1. Do you watch television? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ yes  
2 \_\_\_\_\_ no (IF ANSWER IS "NO." SKIP TO QUESTION # 4)  
3 \_\_\_\_\_ don't know

Q2. What time of day do you usually watch TV? (DO NOT READ  
THE ANSWERS TO THE RESPONDENT. WHEN HE/SHE TELLS YOU THE  
TIME(S), CHECK THE APPROPRIATE BOX OR BOXES. CHECK AS MANY  
ANSWERS AS APPLY).

- 1 \_\_\_\_\_ 5 a.m. to 9 a.m.  
2 \_\_\_\_\_ 9 a.m. to noon  
3 \_\_\_\_\_ noon to 3 p.m.  
4 \_\_\_\_\_ 3 p.m. to 6 p.m.  
5 \_\_\_\_\_ 6 p.m. to 9 p.m.  
6 \_\_\_\_\_ 9 p.m. to 11 p.m.  
7 \_\_\_\_\_ 11 p.m. to 1 a.m.  
8 \_\_\_\_\_ 1 a.m. to 5 a.m.  
9 \_\_\_\_\_ don't know.

Q3. What TV station do you watch most frequently? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ WFMY Greensboro (CBS), ch 2
- 2 \_\_\_\_\_ WPTF Durham (NBC), ch 28
- 3 \_\_\_\_\_ WRAL Raleigh (CBS), ch 5
- 4 \_\_\_\_\_ WLFL Raleigh (IND), ch 22
- 5 \_\_\_\_\_ WTVD Durham (ABC), ch 11
- 6 \_\_\_\_\_ WUNC Chapel Hill (PBS), ch 4
- 7 \_\_\_\_\_ WGHP High Point (ABC), ch 8
- 8 \_\_\_\_\_ other (SPECIFY) \_\_\_\_\_
- 9 \_\_\_\_\_ don't know

Q4. Do you listen to the radio? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no (IF ANSWER IS "NO," SKIP TO QUESTION # 7)
- 3 \_\_\_\_\_ don't know

Q5. What time of day do you usually listen to the radio? (DO NOT READ THE ANSWERS TO THE RESPONDENT. WHEN HE/SHE TELLS YOU THE TIME(S), CHECK THE APPROPRIATE TIME(S). CHECK AS MANY ANSWERS AS APPLY).

- 1 \_\_\_\_\_ 5 a.m. to 9 a.m.
- 2 \_\_\_\_\_ 9 a.m. to noon
- 3 \_\_\_\_\_ noon to 3 p.m.
- 4 \_\_\_\_\_ 3 p.m. to 6 p.m.
- 5 \_\_\_\_\_ 6 p.m. to 9 p.m.
- 6 \_\_\_\_\_ 9 p.m. to 11 p.m.
- 7 \_\_\_\_\_ 11 p.m. to 1 a.m.
- 8 \_\_\_\_\_ 1 a.m. to 5 a.m.
- 9 \_\_\_\_\_ don't know.

Q6. To what radio station do you listen most frequently? (CIRCLE ONE)

- 1 \_\_\_\_\_ WUNC
- 2 \_\_\_\_\_ WQDR, FM94.7
- 3 \_\_\_\_\_ WRTP, AM1530
- 4 \_\_\_\_\_ WPTF, AM680
- 5 \_\_\_\_\_ WDNC
- 6 \_\_\_\_\_ WDCG
- 7 \_\_\_\_\_ other
- 8 \_\_\_\_\_ don't know

Q7. How often do you read a newspaper? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ every day
- 2 \_\_\_\_\_ 5-7 days
- 3 \_\_\_\_\_ 1-4 days
- 4 \_\_\_\_\_ Sunday only
- 5 \_\_\_\_\_ don't know
- 6 \_\_\_\_\_ I don't read a newspaper (IF RESPONDENT DOES NOT READ A NEWSPAPER, SKIP TO QUESTION # 9)

Q8. What newspaper do you read most frequently? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ News & Observer
- 2 \_\_\_\_\_ Chapel Hill Newspaper
- 3 \_\_\_\_\_ Chapel Hill Observer
- 4 \_\_\_\_\_ Chapel Hill Herald
- 5 \_\_\_\_\_ Durham Herald
- 6 \_\_\_\_\_ Durham Sun
- 7 \_\_\_\_\_ Charlotte Observer
- 8 \_\_\_\_\_ Raleigh Times
- 9 \_\_\_\_\_ Orange County Times
- 10 \_\_\_\_\_ Other
- 11 \_\_\_\_\_ don't know

Q9. How do you usually find out about what's going on in your community? (CIRCLE ONE ONLY)

- 1 \_\_\_\_\_ television, radio or newspaper
- 2 \_\_\_\_\_ friends or family
- 3 \_\_\_\_\_ other

(SPECIFY) \_\_\_\_\_

- 4 \_\_\_\_\_ don't know

Q10. Have you heard of the Older Americans Act of 1965? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q11. Have you heard of the Department on Aging? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q12. Did you know that Orange County has Department on Aging offices in Chapel Hill, Carrboro and Hillsborough? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

The Orange County Department on Aging offers a variety of services to people aged 60 and older. I am going to describe the service and ask you if you knew it was available. Then I'm going to ask you if you think you would use that service if you needed it.

Q13. The department provides transportation to all people 60 and older for medical and social services appointments, to take part in senior center trips and even for grocery

shopping. Did you know transportation was available to you?  
(CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q14. Would you ever use the department's transportation if you needed it? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q15. The Orange County Department on Aging runs Senior Centers in Carrboro, Hillsborough and Chapel Hill. These centers offer trips, tours, classes, health programs, arts & crafts, movies and many other activities for people 60 and older. Did you know about these senior centers? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q16. Would you go to one of these Senior Centers? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q17. Information specialists are people who answer questions by telephone or in person to anyone about problems older people might be having with Social Security, Medicare, health insurance claims, taxes, legal matters, financial assistance, employment, volunteer work, housing, transportation, nursing homes, nutrition, Meals-on-Wheels, and other aging issues. Questions which can't be answered by the department specialists are referred to the appropriate organization or agency. Did you know this information and referral service was available? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q18. Would you ask one of these information and referral specialists for answers if you had questions in one of these areas? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q19. The Orange County Department on Aging can make daily telephone calls to check on the wellbeing of older people. Did you know about this telephone reassurance service? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q20. Would you use the telephone reassurance program if you needed it? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q21. The Department on Aging can arrange for carpenters and plumbers to make free minor repairs on the homes of older people in Orange County. Did you know about this handy-man service? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q22. Would you ever ask for one of these handy men to make free minor repairs on your house if it needed them? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q23. The Department on Aging can assist individuals or families in arranging home care for very sick or frail older people. Did you know the department provided this assistance with arranging home care? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q24. Would you ask the Department on Aging to help you arrange for home care if you or someone you live with became very sick or frail? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q25. The Orange County Department on Aging issues Senior Tar Heel Discount Cards to people aged 60 and older. These cards are honored at restaurants and other establishments across the state. Did you know about the Senior Tar Heel card? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no (IF NO, GO TO QUESTION # 27)
- 3 \_\_\_\_\_ don't know

Q26. Have you received your Senior Tar Heel card? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes (IF YES, GO TO QUESTION # 28)
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q27. Would you like to get your Senior Tar Heel card from one of the Orange County Department on Aging offices? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ maybe
- 4 \_\_\_\_\_ don't know

Q28. Who do you think uses most of the services we've just talked about that are provided by the Department on Aging? (CIRCLE FIRST RESPONSE)

- 1 \_\_\_\_\_ sick
- 2 \_\_\_\_\_ poor
- 3 \_\_\_\_\_ people with no family
- 4 \_\_\_\_\_ other
- 5 \_\_\_\_\_ don't know

Q29. Some people think only the poor, sick and very old should use the services provided by the Department on Aging. Do you think these people should be the only ones to use these services? (CIRCLE ONE)

- 1 \_\_\_\_\_ yes
- 2 \_\_\_\_\_ no
- 3 \_\_\_\_\_ don't know

Q30. What do you see as the three top needs of older people:

- 1 \_\_\_\_\_ transportation
- 2 \_\_\_\_\_ social activities
- 3 \_\_\_\_\_ health services
- 4 \_\_\_\_\_ money
- 5 \_\_\_\_\_ companionship
- 6 \_\_\_\_\_ other (SPECIFY) \_\_\_\_\_

Q31. A lot of people talk about the negative aspects of getting old. What do you think is the worst thing about getting older?

---

Q32. And what do you think is the best thing about getting older?

---



Now I need to ask you just a few things about yourself to complete this survey. As I said earlier, all your answers will remain confidential. We need this information to provide you better services.

Q33. IS RESPONDENT MALE OR FEMALE? (TRY TO FIGURE OUT WITHOUT ASKING!)

- 1 \_\_\_\_\_ Male
- 2 \_\_\_\_\_ Female

Q34. What race do you consider yourself? (CIRCLE ONE)

- 1 \_\_\_\_\_ Black
- 2 \_\_\_\_\_ Caucasian
- 3 \_\_\_\_\_ Asian
- 4 \_\_\_\_\_ Hispanic
- 5 \_\_\_\_\_ Other (SPECIFY) \_\_\_\_\_
- 6 \_\_\_\_\_ No answer

Q35. What is your marital status? (CIRCLE ONE)

- 1 \_\_\_\_\_ married
- 2 \_\_\_\_\_ divorced
- 3 \_\_\_\_\_ widowed
- 4 \_\_\_\_\_ single
- 5 \_\_\_\_\_ no answer

Q36. I need some information about your annual income. I will list some income levels and I would like you to say "stop" when I get to the amount you earn each year. If you are married, the amount should be the total for you and your spouse: (CIRCLE ONE)

- 1 \_\_\_\_\_ 0 - \$10,000
- 2 \_\_\_\_\_ \$10 - \$20,000
- 3 \_\_\_\_\_ \$20 - \$30,000
- 4 \_\_\_\_\_ \$30 - \$40,000
- 5 \_\_\_\_\_ \$40 - \$50,000
- 6 \_\_\_\_\_ \$50,000 per year or more
- 7 \_\_\_\_\_ no answer

Q37. How would you describe your health, in general? (CIRCLE ONE)

- 1 \_\_\_\_\_ excellent
- 2 \_\_\_\_\_ good
- 3 \_\_\_\_\_ fair
- 4 \_\_\_\_\_ poor
- 5 \_\_\_\_\_ no answer

Q38. How many people do you live with?

- 1 \_\_\_\_\_ (SPECIFY NUMBER)
- 2 \_\_\_\_\_ no answer

Q39. In what year were you born?

1 \_\_\_\_\_ (SPECIFY YEAR)

2 \_\_\_\_\_ no answer

I want to thank you so much for your time. Your assistance with this project will hopefully improve the quality of life for all the senior citizens of Orange County. Have a good day!

## APPENDIX B: SURVEY RESULTS

Q1. Do you watch television?

97.6% yes

2.4% no

Q2. What time of day do you usually watch TV? (CHECK AS MANY ANSWERS AS APPLY).

21 % 0500-0900

19 % 0900-1200

28 % 1200-1500

22 % 1500-1800

72 % 1800-2100

39 % 2100-2300

15 % 2300-0100

1.8% 0100-0500

1.2% don't know

Q3. What TV station do you watch most frequently?

5 % WFMY Greensboro (CBS), ch 2

5.6% WPTF Durham (NBC), ch 28

28.8% WRAL Raleigh (CBS), ch 5

0 WLFL Raleigh (IND), ch 22

31.9% WTVD Durham (ABC), ch 11

18.1% WUNC Chapel Hill (PBS), ch 4

1.9% WGHP High Point (ABC), ch 8

5 % other (will have specifics later)

3.8% don't know

Q4. Do you listen to the radio?

76.4 % yes

23.6 % no

Q5. What time of day do you usually listen to the radio? (CHECK AS MANY ANSWERS AS APPLY).

28 % 0500-0900

21 % 0900-1200

22 % 1200-1500

15 % 1500-1800

9 % 1800-2100

12 % 2100-2300

4 % 2300-0100

4 % 0100-0500

13 % don't know

Q6. To what radio station do you listen most frequently?

16.9%	WUNC
.8%	WQDR, FM94.7
0	W RTP
12.9%	WPTF, AM680
13.7%	WDNC
16.1%	WCHL
25 %	other (will specify later)
14.5%	don't know

Q7. How often do you read a newspaper?

83 %	every day
.6%	5-7 days
3 %	1-4 days
1.8%	Sunday only
1.2%	don't know
10.3%	I don't read a newspaper

Q8. What newspaper do you read most frequently?

14.8%	(Raleigh) News & Observer
10.6%	Chapel Hill Newspaper
0	Chapel Hill Observer
5.6%	Chapel Hill Herald
64.1%	Durham Herald
4.2%	Durham Sun
0	Charlotte Observer
.7%	Raleigh Times
0	don't know

Q9. How do you usually find out about what's going on in your community?

54.5%	television, radio or newspaper
32.1%	friends or family
10.3%	other (will specify later)
3 %	don't know

Q10. Have you heard of the Older Americans Act of 1965?

10.9%	yes
69.1%	no
20 %	don't know

Q11. Have you heard of the Department on Aging?

85.5%	yes
12.1%	no
2.4%	don't know

Q12. Did you know that Orange County has Department on Aging offices in Chapel Hill, Carrboro and Hillsborough?

75.2%	yes
23 %	no
1.8%	don't know

Q13. The department provides transportation to all people 60 and older for medical and social services appointments, to take part in senior center trips and even for grocery shopping. Did you know transportation was available to you?  
(CIRCLE ONE)

72.7%    yes  
25.5%    no  
1.8%    don't know

Q14. Would you ever use the department's transportation if you needed it?

75.2%    yes  
17.6%    no  
7.3%    don't know

Q15. The Orange County Department on Aging runs Senior Centers in Carrboro, Hillsborough and Chapel Hill. These centers offer trips, tours, classes, health programs, arts & crafts, movies and many other activities for people 60 and older. Did you know about these senior centers?

85.5%    yes  
12.7%    no  
1.8%    don't know

Q16. Would you go to one of these Senior Centers?

53.9%    yes  
29.1%    no  
17 %    don't know

Q17. Information specialists are people who answer questions by telephone or in person to anyone about problems older people might be having with Social Security, Medicare, health insurance claims, taxes, legal matters, financial assistance, employment, volunteer work, housing, transportation, nursing homes, nutrition, Meals-on-Wheels, and other aging issues. Questions which can't be answered by the department specialists are referred to the appropriate organization or agency. Did you know this information and referral service was available?

64.8%    yes  
31.5%    no  
3.6%    don't know

Q18. Would you ask one of these information and referral specialists for answers if you had questions in one of these areas?

86.1%    yes  
9.7%    no  
4.2%    don't know

Q19. The Orange County Department on Aging can make daily telephone calls to check on the wellbeing of older people. Did you know about this telephone reassurance service?

52.7%	yes
43 %	no
4.2%	don't know

Q20. Would you use the telephone reassurance program if you needed it?

85.5%	yes
11.5%	no
3 %	don't know

Q21. The Department on Aging can arrange for carpenters and plumbers to make free minor repairs on the homes of older people in Orange County. Did you know about this handy-man service?

30.9%	yes
68.5%	no
.6%	don't know

Q22. Would you ever ask for one of these handy men to make free minor repairs on your house if it needed them?

70.3%	yes
21.2%	no
8.5%	don't know

Q23. The Department on Aging can assist individuals or families in arranging home care for very sick or frail older people. Did you know the department provided this assistance with arranging home care?

53.9%	yes
43 %	no
3 %	don't know

Q24. Would you ask the Department on Aging to help you arrange for home care if you or someone you live with became very sick or frail?

81.2%	yes
10.9%	no
7.9%	don't know

Q25. The Orange County Department on Aging issues Senior Tar Heel Discount Cards to people aged 60 and older. These cards are honored at restaurants and other establishments across the state. Did you know about the Senior Tar Heel card?

72.7%	yes
24.8%	no
2.4%	don't know

Q26. Have you received your Senior Tar Heel card?

57.7%	yes
38 %	no
4.2%	don't know

Q27. Would you like to get your Senior Tar Heel card from one of the Orange County Department on Aging offices?

6 %	yes
14.6%	no
9.8%	maybe
11 %	don't know

Q28. Who do you think uses most of the services we've just talked about that are provided by the Department on Aging?

7.4%	sick
30.2%	poor
17.9%	people with no family
18.5%	other (will specify later)
25.9%	don't know

Q29. Some people think only the poor, sick and very old should use the services provided by the Department on Aging. Do you think these people should be the only ones to use these services?

22 %	yes
73.8%	no
4.3%	don't know

Q30. What do you see as the three top needs of older people:

51.9%	transportation
12.3%	social activities
19.8%	health services
4.3%	money
7.4%	companionship
4.3%	other

Q31. A lot of people talk about the negative aspects of getting old. What do you think is the worst thing about getting older?

21 %	Dependency on others
20 %	Health problems
17 %	Dehabilitation
13 %	Slowing down
10 %	Loneliness
5 %	Each: Financial woes and Facing death
4 %	Each: Mental deterioration and "Nothing"
2 %	Each: Looks deteriorating; Not working; Feeling in the way; No family.
1 %	Each: Can't drive; Friends dying; Everything (bad); Pain; Arthritis; World situation;

Negative views of the young; No children;  
Negative outlook; Too much (spare) time; Not  
being useful; Fear; Birthdays.

Q32. And what do you think is the best thing about getting older?

13	%	Nothing.
12	%	Not working
10	%	Free time
9	%	Each: Wisdom; Memories & Experiences; Glad to be alive.
8	%	No responsibilities
7	%	Each: Relatives and friends and family; Doing what you want to.
5	%	If in good health, having \$ to enjoy it.
4	%	Each: Coping skills; Not worrying about what others think.
3	%	Grandchildren
2	%	Each: People are nicer to you; Knowledge
1	%	Spiritual growth; Senior Citizen's discounts; No kids; Senior Citizen's services; Living alone; Finding new interests; Respect.

Q33. Male/Female:

30.3%	Male
69.7%	Female

Q34. What race do you consider yourself?

12.1%	Black	.6%	Asian
87.3%	Caucasian		

Q35. What is your marital status?

56.4%	married
4.8%	divorced
30.3%	widowed
6.7%	single
1.8%	no answer

Q36. I need some information about your annual income. I will list some income levels and I would like you to say "stop" when I get to the amount you earn each year. If you are married, the amount should be the total for you and your spouse:

18.2%	0 - \$10,000
24.8%	\$10 - \$20,000
15.2%	\$20 - \$30,000
12.1%	\$30 - \$40,000
9.1%	\$40 - \$50,000
9.1%	\$50,000 per year or more
11.5%	no answer



Q37. How would you describe your health, in general?

13.3%	excellent
63.6%	good
18.2%	fair
4.8%	poor

Q38. How many people do you live with?

37 %	live alone
58.8%	live with others
4.2%	no answer

Q39. Age:

1.2%	90+	years old
4.3%	85-90	years old
8.5%	80-84	" "
16.9%	75-79	" "
24.9%	70-74	" "
26. %	65-69	" "
15.2%	60-64	" "

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